

Albany Surgical, P.C. Financial Policy

Thank you for choosing Albany Surgical, P.C. for your surgical and/or endoscopic care. We have written this Policy to make sure you understand our payment procedures.

Please make sure we have complete, correct insurance and address information when you check in for each visit. It is your responsibility to ensure we have the information to file your claims correctly the first time.

Copays: If your insurance plan has copay, we expect payment on the day of your visit.

Methods of Payment: We accept cash, checks, money orders, Visa, MasterCard, and American Express. We **do not** accept two (2) party checks. Postdated checks must be approved by the Administrator.

Insurance: We participate with many health insurance plans/managed care plans. It is your responsibility to ensure that we participate with your health plan.

Billing: We bill your insurance company first. Any remaining balance will be billed to you. If you receive a bill from us, it is because we believe the bill is your responsibility. If you think there is a problem, please contact your insurance company. We expect bills to be paid within 30 days. If you have any questions about your bill, please call our Billing Department immediately. If you cannot pay your entire bill, please call to make a payment arrangement.

Financing Options:

- **Care Credit:** Apply for Care Credit and pay balance in full. Care Credit offers immediate assistance if you wish to apply. Or, if you prefer, you may call 1-800-365-8295 or go online and apply at www.carecredit.com.

Some of the benefits of choosing Care Credit to finance your care:

- *Ensures **patients** clearly understand how their insurance **benefits** work within our financial system.*
- *Provides payment options to bridge the gap between health **benefits** and fees for quality **care**.*
- *Minimizes confusion and miscommunication.*

Clinic Patients: Our goal is to keep patient appointments and our doctors on time. Please notify our office if you will be 15 or more minutes late. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment book. **If an appointment is not cancelled at least 24 hours in advance you will be charged a twenty-five (\$25) fee; this will not be covered by your insurance company. If there is a pattern of last-minute cancellations or no shows, we will be notifying your referring physician why our practice cannot continue to schedule “no show” appointments.**

Returned Checks: If your check is returned by the bank for any reason, Albany Surgical, P.C. and/or Southern Surgery Center will assess your account with a **\$30.00 charge or 5 percent of the face amount of the check, whichever is greater but not to exceed \$500 (Georgia Code §13-6-15)**. The bank will automatically redeposit your check one time.

Collections: Please understand that we do refer overdue accounts to collection agencies, which can affect your credit. To be clearer, you would need to pay for the cost of collections, reasonable attorneys' fees and court costs incurred in enforcing your payment obligation.

Dismissal: We cannot continue care for patients who choose not to pay their bills. Being dismissed means you can never schedule appointments with this practice. Please do not let this happen. Please contact our Billing office before your account becomes a problem.

- Albany Surgical, P.C.: Billing/Insurance Questions: (229)434-4200, ext. 111- Ms. Teresa Roth
- Financial Counseling Assistance: (229)434-4200 ext. 123-Ms. Jackie Bouldin
- Southern Surgery Center, LLC: Billing/Payments Questions: (229) 434-4200, ext. 119-Larissa Bunn.

Please sign below acknowledging that you have read and understand our Financial Policy. At your request, a copy will be given to you.

Print Name: _____ **Signature:** _____ **Date:** ____/____/____

Rev: (2/9/23)